


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 12, 2004 08:00 AM
Secretary of State

DOCUMENT # F99000005008 1. Entity Name LINENS 'N THINGS, INC.	
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Principal Place of Business 6 BRIGHTON ROAD CLIFTON, NJ 07015	Mailing Address 6 BRIGHTON ROAD CLIFTON, NJ 07015
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07062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 22-3463939	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOD AXELROD, NORMAN 6 BRIGHTON ROAD CLIFTON, NJ 07015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GILES, WILLIAM T 6 BRIGHTON ROAD CLIFTON, NJ 07015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SCULLIN, HUGH J 6 BRIGHTON ROAD CLIFTON, NJ 07015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS SIMONETTI, MICHELLE 6 BRIGHTON ROAD CLIFTON, NJ 07015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SILVA, BRIAN 6 BRIGHTON ROAD CLIFTON, NJ 07015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT DICK, DAVID 8 BRIGHTON ROAD CLIFTON, NJ 07015

U00000165850
07/12/04-80030-008 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *x Michelle Simonetti* **ASST. SEC** **(973) 778-1300**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR